

****PLEASE FILL OUT ALL SECTIONS****

***For Disability Services Only**
 Test Received: _____
 Time available: _____
 Date Taken: _____
 Time In: _____
 Time Out: _____
 Date Returned: _____
 Initial: _____

**University of Houston-Clear Lake
 Disability Services Office (DSO)
 Exam Proctoring Checklist
 Summer 2009**

Section A: Course Information:

Instructor's Name: _____
 Room #: _____
 Telephone Extension: _____
 E-mail Address: _____

Student's Name: _____
 Student ID: _____
 Course: _____
 Contact #: _____

Section B: Exam Information:

All exams and quizzes will be administered, **WITHIN REGULAR DSO HOUR, 9am-7pm**, using standard proctoring conditions **unless otherwise specified.**

⌚ Exam must be completed by _____
 (Date)

-OR-

⌚ Exam must be done by the following specific date & time: _____
 (Date) (Time)

Check **ONLY** those items that apply:

- Scrap Paper Notes Calculator Open Book Dictionary Formula Sheet

Special Instructions: _____

(Instructor's Signature)

(Date)

Section C: Exam Return

Please Check

Instructor/Designate pick up:
 Student deliver to Instructor:
 DSO delivers to Instructor:
 Other: _____

Section D: Honesty Policy

I have read and agree to adhere to the Academic Honesty Policy of the University of Houston-Clear Lake and the Proctoring Policy of Disability Services.

 (Student Signature) (Date)

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.